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THE PROBLEM OF MEDICAL CHARITY

Medical relief of some kind for the indigent has long been recognized as necessary. Public and private charity, with its hospitals and dispensaries, its district physicians and visiting nurses, has contributed on a large scale, while, in a less obtrusive fashion, the general practitioner, from motives of humanity and the desire for experience, has given aid where payment could not be expected. Public opinion, on the whole, has given its approval. Charity workers and students of poor-relief, however, look askance at the rapid extension of medical aid. The theory of general relief promulgated by the English poor law reformers and inherited by the charity organization societies of to-day, based, as it is, on an individualistic social philosophy filled with a great fear of pauperization and distrustful of all assistance not bristling with tests and deterrents, has fostered a disposition to question the value of large-scale medical charity. In regard to some of the agencies of this charity, the hospital and the district physician, or "poor doctor," there has been only muttered doubts and some shaking of heads. The free dispensary, however, has been made the object of fierce and persistent attack. Those apparently best qualified to judge, condemn the indiscriminate charity of the dispensary. The London Charity Organization Society, the gray mother of charity organization, has fought it for years. The American societies are opposed to it. The medical profession is divided. Those connected with this class of institutions, using them as a means of building up reputations, are disposed to see no harm in them. Younger members of the profession, on the other hand, feel keenly the loss of patients, and are loud in their complaints. The total abolition of the dispensary, it is probably recognized, is impossible, if not undesirable. The most that is hoped for is a check on the further extension of the system. Limiting the discussion to what is practicable, the question becomes that of preventing so-called "abuse," the receipt of free medical service by those not unable to pay. What the critics of prevailing methods desire is either the complete refusal of treatment to those not indigent, or the demand of payment from those possessed of means. Such

limitation of gratuitous service implies either an investigation of the circumstances of the patient in order to sift out impostors, or some means of deterring all except those driven to the dispensary by sheer necessity. It is the widely prevalent practice of giving medical aid freely to all who apply, and "no questions asked," upon which judgment is to be pronounced. The consideration of what may be said for and against this practice involves some fundamental questions of poor-relief and suggests, almost inevitably, some speculations on the general trend of social development. The number of patients treated, and the wealth and labor devoted to these institutions, of themselves are sufficient to demand notice. It is to the broader theoretical aspects of the question, however, that the writer desires to invite the attention of serious students. The discussion will relate chiefly to dispensaries, but the larger part will apply to all forms of medical charity.

Three objections are commonly made to free treatment: (1) That it pauperizes; (2) that it discourages more desirable methods of securing medical service, such as the provident dispensary and the mutual aid society; (3) that it deprives the private physician of practice.

The charge most frequently made, and apparently deemed the most serious count of the indictment, is that of pauperization. "A vast school of pauperism," writes Gurteen, the first systematic exponent of charity organization in this country, "demoralizing the honest poor, educating them in improvident habits, and teaching them, in one of the most vital departments of life to be thriftless and dependent." [1] Aside from the generalities of this sentence there is no indication of how the pauperization is brought about. In "A Propagator of Pauperism: the Dispensary,"[2] a Jeremiad by Dr. Shrady, there are piled up instances of "abuse" and much strong assertion, but no attempt to trace the pauperizing factor. These citations show the kind of literary treatment the subject has received. Nowhere, to the writer's knowledge, is there an analysis of the *process* of pauperization.

Two questions should be considered preliminary to a discussion of this process. First, What class of patients is asserted to be

[1] Handbook of Charity Organization. Buffalo, 1882.
[2] Forum, June, 1897.

exposed to pauperization? Second, What is pauperization? Dispensary patients may be divided into those able to pay for medical services and those not able. To the latter, the very poor, the critics of the dispensary wish to have free treatment restricted. Whether medical charity, or, indeed, any form of charity, is pauperizing to them does not, therefore, enter into the question. The charge of pauperization is brought with reference to those able to pay because it is they alone that it is proposed to exclude. They may be expected to possess greater powers of resistance to pauperizing influences than the very poor. The actual process of pauperization will be substantially the same, however, in both classes, and a sharp distinction between them need not be drawn while discussing the general characteristics of the process. It may merely be noted here that the number of free patients who are able to pay is probably much smaller than the outcry about "abuse" leads one to expect. There are many who have the means to pay ordinary doctor bills but not the fee of a specialist. The investigator, on his visit, perhaps finds the patient keeps a retail store and occupies comfortable apartments. He finds him reticent concerning his pecuniary affairs and jumps at the conclusion that there is a case of abuse to be reported. The profits of a small store, however, are uncertain, and the scale of expenditure indicated by the appearance of the parlor has been entered upon without thought of the possibility of an illness requiring the expensive attendance of a specialist. The charge the latter would have made might not have been large. Ignorance of what the charge would be, and fear of what it might be, however, draw to the dispensary those who in matters of ordinary need take pride in paying for what they get. Many of these are struggling with poverty while keeping up a deceptive appearance of prosperity. The amount of abuse, however, if not at present large, is certain to grow as dispensaries increase in number and the service is made more attractive. The increase of those exposed to the alleged pauperizing tendencies indicates the importance of the question.

What is pauperization? The term is evidently not a synonym of *impoverishment.* It does not make one *poor* to receive medical services free. Also, it will be admitted, there are self-respecting *poor* people who are not pauperized. The state of pauperization is a condition to which the poor are, indeed, especially liable, but indicates

more of a downward step, a deeper degradation, than mere impoverishment. It implies a *moral* change, which disposes those subject to it to seek aid from others instead of laboring to satisfy their wants. It is a complex state not easily analysed into all of its elements, but its most essential marks seem to be idleness, improvidence, shamelessness, untruthfulness. Each of these we must undertake to examine with reference to the influence of medical charity.

The most obvious mark of the pauperized is their idleness. It is a manifestation of laziness, induced, perhaps, by ill-health and lack of vitality, clinched by habit, and reposing on the expectation, justified by experience, of receiving aid when need arises. How these conditions are fostered by medical charity is not clear. In so far as pathological conditions are the basis of idleness, medical aid may have a remedial effect. Its occasional character prevents it from contributing to the growth of habit. It can, at most, establish a habit of securing medical services gratuitously. It cannot make this the habitual method of satisfying other needs. It cannot establish a general expectation of receiving aid. It has, indeed, been maintained that to get anything for nothing is a first lesson in begging. Our experience with free schools, free concerts and art galleries makes it clear that it is possible that the getting of certain things for nothing may become an established expectation without arousing the expectation of getting all things gratuitously. The relief that is necessary to maintain pauper idleness is that in the prime necessities—food and drink, clothing and shelter. Withdraw assistance in these, and the pauper must do some work, honest or dishonest, or give up the ghost. Having shown that the state of pauperization is impossible without relief in the daily necessities, and that medical relief alone, therefore, cannot bring about pauperization, we might rest the case here. It is possible, however, that medical charity may induce a moral condition that predisposes the patient to accept any kind of aid when it is offered. If not a sufficient cause of pauperization, it might be a favoring condition. If such be the case, the proof will probably appear from an examination of those marks of pauperization that remain to be considered.

Improvidence, a common trait of the pauperized, appears, at first sight, to be encouraged by medical charity. The inability or neglect to imagine the future and its needs grows out of weakness of mind or

out of preoccupation with the present. To those of small means the payment of large medical charges adds to the difficulties of the present situation, and consequently to the difficulties of providing for the future. A small provision for possible future sickness and its attendance might not be burdensome, and possibly could be so arranged as to become a lesson in provident living. The large charges of the specialist, however, cannot be provided unless the present is to be starved for the sake of the future. There are so many to whom the need for a specialist's services never comes that these charges are of the nature of very slightly probable contingencies. To have them adequately provided for by the unaided individual would be uneconomical. Taking a collective view, it is easily seen that the total premiums of this method of individual providence would be much larger than the total hazards. The situation, apparently, calls for the co-operative method of insurance. This, however, it will later appear is not easily applied. Moreover, though charity should take the costs of medical treatment out of the class of risks that must be provided for by the individual, there still remains a wide field for provident practice. Medical charity alone cannot remove the need for the frequent exercise of this virtue. In so far as it contributes to health and efficiency, relieving the pressure of present need and permitting the mind to take the future into its widened vision, it is a valuable aid to provident habits.

The term *shamelessness*, though rather caustic, has been employed to indicate, with one word, the willingness of the pauperized to discuss private affairs with strangers, and to lay open to view what others would be most anxious to conceal. To the normal man, an attitude of reserve towards strangers forms the strongest obstacle to asking for or accepting assistance. Before the breaking up of the patriarchal family and of tribal organization, distress of sickness or of old age was probably regarded as the possible lot of every man. Help, if given at all, came from those of supposedly the same blood, and there was no shame in receiving it. The stranger, however, the outsider, was an enemy from whom no charity was expected and to whom none was given. With the establishment of civil society and the gradual decay of organizations based on consanguinity, relief began to mean the giving of assistance by strangers to strangers. No longer a matter of mutual accommodation and domestic arrange-

ment, it implied on the part of the recipient a suppression of the primal attitude of defiance towards the stranger and a willingness to appear his inferior in accepting the gift that is made in a spirit of condescension. The one accepting assistance departed from the standard mental habitus and became abnormal, pitied, perhaps, but socially outcast. A despised beggar class began to form, with traditions and methods of its own. Poor relief became a *problem*. In modern times, the increased mobility of the laboring classes, weakening the ties of family and of neighborhood, has again made charity, to a greater extent than before, an affair between strangers, with all the distrust and deception growing out of this relation. Meanwhile, the political and industrial organization of skilled workers has cultivated a proud class consciousness and some feeling of contempt for those who submit to the patronizing charity of the rich. Thus, again, those lacking in a sense of shame and in self-respect are become outcasts. There are certain conditions under which medical charity may aid that first breaking down of reserve that opens the way to the worst pauperization. Merely laying bare physical ills—one of the inevitable incidents of all medical treatment—does not have that effect. There is, however, a confession of poverty in applying at a dispensary, intended for the poor only, that tends towards the pauper's lack of shame. If the dispensary is made free to all, this disappears. When, as is sometimes the case with poor-law officers, the dispenser of medical aid also gives general relief, or directs to the agencies of general relief, the application for medical assistance may lead to pauperizing aid in other pressing needs. It is probably largely owing to experiences growing out of the administrative connection of public medical and general relief that English poor-law experts regard medical charity as an opening to pauperizing influences. Thus, Mr. Ede writes: "There is ample evidence to show that when medical relief is given on easy terms, such relief leads to further applications to the guardians and to habitual pauperism." In American institutions however, this danger cannot be very great.

Untruthfulness is a frequent characteristic of the pauperized, and appears at first glance to be encouraged by medical charity. The "abuse" of dispensaries makes liars. This, however, is the result of attempts to restrict free treatment to the indigent and to fasten the stigma of pauperism upon it. Some patients go to the dispensary

prepared with false name and address. Others discover on their arrival that they must either withdraw or make false statements. Falsehoods will be told before there is time to take thought. Nothing is easier than a lie on the spur of the moment. If, however, medical treatment be made free to all who apply, there will be no occasion for telling lies.

It appears then, that, medical treatment, given freely to all applicants, fosters none of the special characteristics of pauperization. If it pauperizes, it is through hidden channels. In certain obvious ways it even counteracts pauperizing forces. Some of the poor will not readily spend of their meagre earnings for medical services, unless the need be painfully urgent. The visit to the doctor will be postponed, and experiments be made with nostrums and home remedies. Neglected and mistreated ills, however, may develop into such serious disease that charity must step in with free food and fuel as well as with free medicine. Prompt, ungrudging medical aid in checking sickness at the outset and preventing the serious illness that interrupts employment or permanently disqualifies for it, prevents the poverty that exposes to pauperizing influences. It is the unemployed poor, be it remembered, who are in most danger of pauperization, not the affluent impostors who are supposed to swarm to the dispensaries. In the absence of free treatment, open to all, with no questions asked, it is those too truthful to give false names and addresses, those too sensitive to submit to investigation, those too honest to "dead-beat" the private physician, who will suffer most from the ravages of neglected disease. The attempt to fasten the stigma of pauperism upon the receipt of dispensary services acts, in fact, as a selective factor, discriminating against the finer spirits among the poor. On the other hand, an extension and improvement of the dispensary system (and probably still more of the hospital system) would save many potentially valuable members of our population.

The means employed to prevent abuse are either ineffective or more or less objectionable. Investigation appears indispensable if impostors are to be kept away. It has been asserted that the disagreeable waiting in the crowded dispensary is sufficient to keep away those not in need. Plausible as this seems, it has not convinced those who have had experience with dispensaries. Some instances of abuse certainly occur. If, however, dispensaries generally were to adopt

the practice of having investigations made, it would require at least a generation in our larger cities, with their ever-shifting population, for the public to become thoroughly cognizant of the fact that treatment is no longer free. No searching inquiries are ordinarily made at the dispensary. When it has been determined to make investigations, the dispensary physician is likely not to inform the patient. He is too busy to attend to anything but the medical aspects of the case. A very disagreeable, and not uncommon, situation arises when name and address have been taken at the dispensary, as if a mere formality, and a visitor or investigator makes an unexpected and unwelcome appearance at the home of the patient.

New York State has tried to force the elimination of abuse by legal action. An Act of the Legislature passed in 1899 authorizes the State Board of Charities to make rules and regulations concerning the government of dispensaries, and requires all dispensaries to secure a license from said Board. One of the rules made by the Board under this power runs as follows: "Every applicant . . . in regard to whose ability to pay for medical or surgical relief . . . the registrar is in doubt, shall be admitted to a first treatment on signing a card containing the 'representation' or statement of the applicant; but the registrar shall forthwith cause an investigation to be made of his or her ability to pay, either personally or by parent or guardian; the results of such investigation shall be filed among the permanent records of the dispensary. Any such applicant who declines to sign the required 'representation' or statement shall be refused admission."

The use of the representation cards, according to Dr. Stephen Smith, chairman of the Committee on Dispensaries of the State Board of Charities, "has not been as general . . . as is desired. Some of the dispensaries use representation cards for every case, and others use them only when doubtful applicants appear. . . . The representation cards were designed for use as a basis for investigation of the worthiness of the applicants for free treatment. In a majority of instances, investigation has consisted simply of questioning the applicant. Something more than questioning the applicant, however, was designed by the rule. . . . The charity organization societies in various parts of the State have indicated a willingness to

co-operate with the managers of dispensaries by investigating doubtful cases referred to them, but these offers of assistance have not always been taken advantage of by the managers." [3] Although, according to Dr. Smith, the managers of dispensaries show no disposition to oppose the wishes of the State Board, it seems doubtful whether, for some time to come, the law will be effective in enlightening the public. It seems no exaggeration to assert that it will require a generation to make it generally known that treatment is no longer free to all and that investigations are made. If such enlightenment of the public is ever accomplished, "abuse" will be somewhat diminished. Many, however, would come to the dispensary prepared with bogus name and address. Such false statements might prevent a second visit to the same dispensary. They could not, in the larger cities, prevent the patient from making the rounds of all the dispensaries. In any case, a diagnosis and a bottle of medicine would probably have been given, and that might be all the patient needs, or thinks he needs. It would be difficult, also, to keep up a persistent system of visitation and inquiry if the visitors were continually led astray by false addresses. To keep the suffering patient waiting, and insist on an investigation previous to giving treatment, is a policy impossible to entertain. Investigation, as a means of checking abuse, cannot, therefore, be entirely successful.

Whether or no it be made effective, investigation is not altogether desirable. It involves inquiry into the private affairs of many who are, in all matters except medical service, proudly independent. They are not a class that ought to be needlessly humiliated or offended. If they should ever become hardened to such inquiry it would be evidence that being investigated had cultivated in them some of the indifference and shamelessness of the pauperized. The investigation is often made for the dispensary by an agent of a charity organization society. This arrangement finds favor with those wishing to check abuse, because it appears advantageous to use existing agencies of investigation rather than make the dispensary develop its own methods of making inquiries. Unfortunately, charity organization societies have important tasks somewhat in excess of their powers, tasks that are often disagreeable and with the performance of which a perplexed public is not in entire sympathy.

[3] In Charities for August 29, 1903, article entitled "Dispensary Law Effective."

It is doubtful, therefore, whether these societies can afford to undertake, in addition, the unpopular office of investigating for dispensaries a class of people who are not accustomed to the charity worker's visits and resent the intrusion. The accomplishment of charity organization ideals depends on the co-operation of the general public, of the poor as well as of the rich. For charity organization societies to undertake unpopular tasks when the need is not more obvious and urgent than is that of investigating dispensary cases, is to imperil great matters for the sake of lesser things. The poorer classes in the large cities are accustomed to free medical treatment. To deprive them of it will arouse ill-will. To educate them to dislike this form of charity will be difficult and a heavy addition to the sufficiently troublesome educational tasks of this generation. How can the public be reasoned with and taught that it is shameful to receive medical services free? The results obtained by such educational efforts will be small. It is enough if a dislike for assistance in clothing, food and fuel can be inculcated. This is the main lesson, and unpalatable doctrine concerning medical charity will only distract the unwilling learners.

In regard to the first count of the indictment of free treatment, its alleged pauperizing tendency, we have seen (1) that it does not strongly foster any of the special characteristics of the pauperized ; (2) that by preventing physical degeneration it tends to prevent pauperization ; and (3) that the means of preventing pauperization are either so ineffective or so undesirable that the pauperization, if there is any, is an evil that must be borne unless, what is not probable, we are willing to abolish the free dispensary altogether. Turning now to the second count, does the dispensary hinder the development of more desirable methods of securing medical treatment? Self-help, whether it be co-operative, as in the case of the fraternal organization, or individual, as when doctors' bills are paid for professional services rendered, is more pleasant to contemplate than charity of any kind. If capable of sufficiently general application, it would, of course, be preferred. Is it generally applicable? To pay a private practitioner for expensive specialist services is beyond the means of too many. The method of the provident dispensary is making little headway in England, and appears to have no prospects whatever in this country. The fraternal orders, though displaying vigor and promise, and

including in their membership skilled laborers and small shopkeepers —the very classes that would suffer most from a more stringent policy on the part of the dispensaries—have not, and probably cannot, make adequate provision. The physician employed by them, the "lodge doctor," is a general practitioner, unable to deal with special cases. With his eye on the more lucrative operations of his private practice, he often renders the lodge membership but grudging service. If the writer may venture to generalize, on the basis of observations made in investigating cases for dispensaries in New York City, members of fraternal organizations frequently think it necessary to resort to the free dispensary. The methods of self-help do not, therefore, appear to be generally applicable. Shall the need for prompt and efficient treatment remain unsatisfied because what seems the ideal method is impracticable?

It has been argued that, in a democracy, governmental activity may be called a form of co-operation. In matters of charity, however, we are not altogether democratic. Public grants are hardly keeping pace with the contributions of private wealth. The social democrat may scent degradation in the receipt of aid from privately endowed institutions. If there is anything evil in it, however, it is an inevitable incident of prevailing social tendencies, and would not be greatly aggravated by a larger medical charity. The fierce class-consciousness of the laboring classes possibly may force the development of public dispensaries in preference to private institutions. The only certainty is that unaided individuals, or associations of persons of small means, cannot cope with the problem of securing adequate medical aid. Some power must step in and draw from the social surplus, whether in private hands or public funds, the means of supporting the proper agencies of relief. Whether, under a "benevolent feudalism" we accept the gracious gifts of the millionaire, or a social democracy through taxation, appropriation or confiscation secure the means—free, prompt and adequate medical service for all who may apply, we may expect, will be necessary to satisfy the modern humanitarian spirit.

The third objection to the free dispensary, its injury to the practice of the private physician, indicates the origin of the bitterest opposition. The mere desires of the profession, of course, cannot be allowed to stand in the way of the satisfaction of a general need.

Unless a vested right in an occupation be admitted, the dissatisfied profession has no ground upon which to make its plea. No trade can be given a perpetual patent. With the medical profession in private practice it is not as yet a question of total extinction, but only of forcing out an excess of supply. If we conceive the possibility of the private physician being some day entirely displaced by the various agencies of medical charity, there arises the question whether the public would be better served by a physician serving for a fee, as a trader selling his wares, or by one following the routine of duty for a salary. A purely academic question this, and yet not altogether irrelevant to the discussion of our practical problem. An extension of the dispensary system and a general acceptance of the argument in favor of universal free treatment, would tend to bring about the disappearance of the private practitioner, the free lance in medicine. The argument in favor of the dispensary is, therefore, not complete unless it can be shown that the work of the attached and salaried doctor of medicine will not be inferior to that of the independent physician.[4]

The physician derives his income from the misfortunes of others. The more sickness, the wider his market and the larger his income, provided, of course, sickness does not proceed to the point of diminishing the average purchasing power of the community. Preventive measures for meeting sickness are opposed to the interests of the profession. Public sanitation appeals to the physician only in so far as he and his family are protected by it. Still greater, it appears, must be his indifference to the work of educating the public in hygiene and sanitation. Too much intelligence on the part of the

[4] The result of a continued growth of the dispensary system may be the disappearance of the physician not connected with a dispensary, but not the end of private practice. The amount of the latter remaining will depend on the salaries paid the dispensary physician. As a rule, no salaries are now paid, physicians making use of the dispensary as a means of advertisement, and sometimes of experimentation, looking to an increased private practice as the source of their income. A satisfactory salary would relieve them of the necessity of striving for a private practice. The effect of an increase of dispensaries, under the system prevailing at present, would be to throw private practice to an increasing extent into the hands of dispensary specialists. The mass of mankind would resort to the free dispensary. The rich and fastidious would pay for private service outside of the dispensary, and in so doing would be indirectly supporting the dispensary. As the specialist's fees include payment for his dispensary work, they would be too large for persons of ordinary means. Some medical attendance in the homes of the patients there will always be, but this may fall largely to the "out-patient" departments of the large hospitals, leaving no field for the independent practitioner except in the rural districts.

public might be fatal to his practice. Such are the purely economic interests of the profession. Most of its members, of course, are open to more generous motives. It is here merely insisted that, from the economic point of view, the interests of the profession are at variance with the interests of society as a whole. Some physicians are not superior to the temptations arising from this situation. Aside from a not uncommon, half-conscious luke-warmness for preventive measures, there is the use of clearly dishonest methods of getting a practice. The encouragement of imaginary maladies and unnecessary performances upon gullible and profitable patients are some of the works by which the independent trader in medical services must be judged. These are evils not likely to be much checked by the rising intellectual standards of the profession. The migratory character of our population and the disappearance of the old family physician diminish the sway of sentiment and friendship in healing sickness, and open the door to a more complete dominance of the commercial spirit. It may be granted that selfish interests and dishonest methods cannot be eliminated completely from any system. Medical treatment by public official, or the employee of privately endowed charity, will have its faults. The danger of unprogressivness in bureaucratic management is notorious. At its best, however, institutional effort to serve a public interest appears better than the commercial rivalry of individuals. In the relief of distress, the motive of pecuniary gain is a poor substitute for sympathy and the sense of duty. Pride in the performance of duty has often been made a powerful motive to the salaried agent of public and private institutions. The private physician, in the performance of duties, has one eye on the possibility of collecting his fee. A bureaucratic system may degenerate until it fails to accomplish what the system of private enterprise now performs. At its best, however, the institutional system is the ideal method of relieving distress. It is not an ideal system that leaves to individual enterprise the commercial exploitation of human suffering.

To some readers the above argument may appear to savor of socialism. The proposed extension of medical charity, as has been suggested before, may be either private or public, according as society tends towards aristocracy or towards democracy. In the latter case, there will be a fulfilment of the desires of the socialists,

who have proposed to make all medical aid a public charge, all alike to be treated by public officials. If, under an aristocratic régime, private benevolence make the large donations, these may also be said to possess a *public* character. The charitable institutions of society must be supported by those who control its surplus wealth, and who, in consequence of this control, are the *de facto* rulers. The direction of social change is at present far from clear. The extension of public functions to the care of health is, however, in important respects, very different from the rest of the socialist's program, and not open to the same objections. The most damaging charge brought against collectivism is the inferiority of public to private administration in enterprise and inventiveness. The rapid adoption, if not also the invention, of improved methods, has been the office of private enterprise. In the art of healing, however, unlike the ordinary processes of industrial society, such progress as has been made has not been the result of the competitive spirit. The scientist and humanitarian, the man working for a salary rather than the man "hustling" for a fee, has been the discoverer and inventor. The general adoption of new methods by the profession has been due to the teaching of the medical colleges rather than to the pressure of competition. The objection that has so much force against the extension of public administration to agriculture, manufacture or commerce is, therefore, not valid against the increased activity of the State in matters of health. After all, long strides already have been taken in the direction pointed to by the socialist. Medical services are not merely performed gratuitously by public authorities, but in some cases even forced upon unwilling recipients. It has come to be only a question of degree, not of principle. Once let it be recognized that it is not so much the abjectly poor and incurably dependent that ought to be protected against degenerating influences, as those potentially valuable members of society who are above the pauper line, but struggling hard to maintain their economic independence, and it must be admitted that it is a duty of the rulers and guardians of society to watch over the health of its members and to treat all sickness at its start—freely, promptly, thoroughly.

It has been the aim of this paper to show the weakness of the chief objections made to a generous and indiscriminate medical charity. That the movement for the extension of medical relief

will, in this generation, proceed so far as to make the physician's services as free as those of the teacher or librarian, is not to be expected. It is proper, however, to raise the question whether the time has not come for the charity expert to withdraw his opposition to a slow but inevitable "drift of things," and to adjust his mind to the expectation of a new order.

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